

AGENCY PROFILE FORM

Agency Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____

Bureau Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____
TIN: _____

Bureau Office Information

Name: _____
Address Line 1: _____
Address Line 2: _____
City, State: _____
Zip Code (5 digit + 4, if known): _____
Agency Location Code (ALC) #: _____

Contact Information

Name: _____
Phone No.: _____
FAX No.: _____
Email Address: _____

Alternate Contact Information

OPAC Contact Information

Name: _____
Phone: _____
FAX No.: _____
Email Address: _____

For FMS Use Only: Office Code _____

Program Information

Program Name (s): _____
 Authorizing Statute: _____
 Program Classification (Circle One)

Fines/Penalties Business Education Foreign
 Medical Housing State/Local Other (specify name) _____

Maximum Compromise Amount: _____ * Maximum Compromise Percent: _____ *

**Provide the maximum amount agency will allow Treasury to forgive without concurrence.*

Statutory Authority for Compromises Greater than \$100,000.00* Yes _____ No _____

**Can agency approve compromises greater than \$100,000.00 without DOJ approval?*

Minimum Monthly Repayment Amount (Installments): _____

Maximum Number of Months for Repayment: _____

Eligible for the Following Collection Actions (✓ next to whichever applies)

Referral to Private Collection Agency (PCA) Yes _____ No _____

Referral to Treasury Offset Program (TOP) Yes _____ No _____

*Referral to Tax Refund Offset Program (TROP), &
 Salary Offset included in Referral to TOP*

Administrative Wage Garnishment* Yes _____ No _____

**If yes, provide date and citation of hearing procedure regulation that your agency published.*

Credit Bureau Reporting * Yes _____ No _____

** If checked yes, provide name your agency used for Credit Bureau reporting.*

Agency Name: _____ (30 Characters)

Filing of 1099-C:

Compromised and Discharged debts
 over \$600

Yes _____ No _____

Referral to Department of Justice Yes _____ No _____

- FMS will still obtain Agency concurrence on all DOJ referrals, if checked yes.

Additional Fees (✓ next to whichever applies)

Add FMS/DMS fees to debt Yes _____ No _____

Add Private Collection Agency (PCA) fees Yes _____ No _____

Accruals (✓ next to whichever applies)

Continue to accrue financing interest* Yes _____ No _____

Continue to accrue late interest* Yes _____ No _____

Continue to accrue penalty Yes _____ No _____

**An agency cannot charge both financing interest and late interest. Financing interest is interest assessed for loans.*

ALL FIELDS ON THIS FORM ARE MANDATORY.

Please note: An Agency may duplicate this form as necessary to cover different requirements for different programs.

For FMS Use Only: Program Code: _____